

**Clients, Not Criminals**

**Creating collaborations between jails and social services to better serve  
the mentally ill**

**by**

**Lt. Randolph Peshon**

**El Dorado County Sheriff's Department**

**May 2011**

**COMMAND COLLEGE CLASS 48**

The Command College Futures Study Project is a FUTURES study of a particular emerging issue of relevance to law enforcement. Its purpose is NOT to predict the future; rather, to project a variety of possible scenarios useful for strategic planning in anticipation of the emerging landscape facing policing organizations.

This journal article was created using the futures forecasting process of Command College and its outcomes. Defining the future differs from analyzing the past, because it has not yet happened. In this article, methodologies have been used to discern useful alternatives to enhance the success of planners and leaders in their response to a range of possible future environments.

Managing the future means influencing it—creating, constraining and adapting to emerging trends and events in a way that optimizes the opportunities and minimizes the threats of relevance to the profession.

The views and conclusions expressed in the Command College Futures Project and journal article are those of the author, and are not necessarily those of the CA Commission on Peace Officer Standards and Training (POST).

## **Clients, Not Criminals**

### **Creating collaborations between jails and social services to better serve the mentally ill**

“911, what is your emergency?” is a phrase repeated thousands of times per day by emergency dispatchers. Often, the voice on the line is one filled with fear. The voice trembles as they report that their son, daughter, mother, or father has a mental illness and needs help. Sometimes sounds of screaming and arguing can be heard. Too often the voice tells the dispatcher that the loved one is not taking their medications.

Unfortunately, though, when a caregiver or client opens a phone book or searches the web to seek help for their loved one, they are confronted with a bewildering array of agencies. In reality, that maze of agencies also frustrates and hinders the success of the manner in which the system deals with the same issue. What is needed is a collaborative process to prevent the incarceration of the mentally ill, and to provide for their successful return to the community. This is especially true for those who need the services of the mental health system who also run afoul of the law.

#### **The System**

Law enforcement, the criminal justice system, and mental health agencies share a significant number of clients.<sup>1</sup> While serving these clients, these agencies act in a series of “stovepipes” that feed services to the same clients. These stovepipes can hinder communication and effective service delivery<sup>2</sup>, often resulting in agencies competing for the same budget resources. In the interest of enhancing outcomes for clients and their families, those resources should be pooled to pour services for the mentally ill through one stovepipe to the client.

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<sup>1</sup> (Robert I. Jamison Jr. & Kimberly A.C. Wilson, 2000)

<sup>2</sup> (Patrick Marren)

Certainly the criminally insane who have committed serious felonies, may not be eligible to receive collaborative services. A significant number of the mentally ill, though, could benefit enormously from collaboration between the agencies that provide portions of their services. This article focuses on the mentally ill who are arrested for committing non serious crimes and the use of collaborations to successfully return the client to the community.

### Use of Collaborations.

Incidents involving the mentally ill are complicated and time consuming for law enforcement. Arrest of the mentally ill not only fills jails and clogs the courts; it rarely prevents further occasions requiring the response of the police or other government agencies. According to an article by Robert L. Jamison Jr. & Kimberly A.C. Wilson one in ten law enforcement calls involve people who are mentally ill.<sup>3</sup> In 1999 the Federal Bureau of Justice Statistics released a special report entitled “*Mental Health and Treatment of Inmates and Probationers.*” The Bureau reported that 16% of inmates in local jails suffered from a mental illness.<sup>4</sup> Among those mentally ill inmates reported in the BJS study, 30% of them had committed a violent offense versus 26% of the other inmates. Clearly the mentally ill populate a significant number of beds in the penal system.

The mentally ill who commit crime recycle through our justice system since jails serve, de facto, as the first choice of residential treatment. Upon release, these offenders exit a highly structured environment and return to the streets; sometimes with no shelter, food, ability to fill prescriptions, or ability to arrive for an appointment with the mental health department. Eventually the jail-provided medications wear off, often sparking a recidivist event.

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<sup>3</sup> (Robert L. Jamison Jr. & Kimberly A.C. Wilson, 2000)

<sup>4</sup> (Paula M. Ditton, 1999)

In California however, there are several treatment models that combine treatment of mentally ill offenders while they are incarcerated and continue effective treatment after their release from custody through the use of collaborations between various agencies. Two examples, Mental Health Courts, used in 12 California counties<sup>5</sup>, and Multi Disciplinary Teams (the joining of social service agencies and law enforcement to serve the mentally ill) are collaboratives used to keep mentally ill offenders from re-entering the criminal justice system. These two programs open lines of communication amongst agencies to share information about mentally ill clients to provide efficient services. In both cases, agencies as diverse as the Courts, District Attorney, Public Defender, Probation, Mental Health, Adult Protective Services, Law Enforcement and Jails all contribute personnel, time and effort to better serve this population.

Unfortunately, similar efforts are not yet emerging everywhere, perhaps due to the budget duress of States. A primary instance of this funding-driven outcome is the elimination in 2008 of the Mentally Ill Offender Crime Reduction Grant Program in California. Counter intuitively, in an era of providing services with less money, sustaining these collaborations is an opportunity to maximize savings by joining resources. These savings can be realized by first using collaborations to prevent the incarceration of the mentally ill, and then provide treatment of the client, followed by a successful return to the community. In truth, though, the treatment of ill offenders has not experienced significant alterations in the past 45 years.

### History of Mental Health Treatment

In 1964 Congress passed the Community Mental Health Centers Act. This Act shifted the care for the mentally ill from institutions to community based care. In 1955 there were 339 state psychiatric beds for every 100,000 people in the population. By 2005 the number of state beds had been reduced to 17 per 100,000 people

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<sup>5</sup> (Moen, Karen 2011)

in the population.<sup>6</sup> The dramatic loss of more than 80 percent of bed space for the mentally ill has no doubt increased the frequency of contact between this population and the police.

There are generally two different ways in which a mentally ill person comes into contact with law enforcement: those who commit crimes, and those who are in crisis and are a danger to themselves or others. For those who are in crisis an evaluation by the local Mental Health Department occurs. The mentally ill who commit a crime come into contact with the justice system.

According Jamison and Kimberly in their article “Mental illness frequently deepens tragedy of police shootings”, Mental Health professionals believe that the mentally ill have been criminalized and have speculated that persons who previously were treated within the mental health system are increasingly receiving mental health services from the criminal justice system.<sup>7</sup> Research suggests that many deinstitutionalized adults who receive adequate support can be productive members of the community if they live in structured settings where they are encouraged to take their medications regularly.<sup>8</sup> Collaborations can be used to effectively support a mentally ill client especially in the current climate of funding reduction.

### Reduction in Funding Levels

In November of 2010 the National League of Cities predicted that nearly 500,000 local government workers nationwide would lose their jobs by the end of the 2011 fiscal year.<sup>9</sup> A local example of this decrease in staffing is El Dorado County CA. There, the Mental Health Department was hit particularly hard as staff members were laid off and the Department was folded into the Public Health Department, leaving the remaining

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<sup>6</sup> (Council of State, 2009)

<sup>7</sup> (Robert I. Jamison Jr. & Kimberly A.C. Wilson, 2000)

<sup>8</sup> (Linda A. Teplin, 2000)

<sup>9</sup> (The Economist, 2010)

workers with increased caseloads, and a decreased capacity to effectively manage them. Unfortunately, this is not an isolated example. The National Alliance for the Mentally Ill reported that California's funding from the Mental Health Services Act is expected to drop \$185 million between the fiscal year 2010-2011 to 2011-2012. (\$967 million to \$785 million) In addition, millions more in cuts to state-funded mental health programs are expected.<sup>10</sup>

### Jails as a Cornerstone of Collaboration

Jails, while not normally considered a social service agency, do provide some useful opportunities for collaboration. Jails are required to provide mental health services under the 1976 Supreme Court decision *Estelle v. Gamble*<sup>11</sup> which held that failure to provide for a serious mental illness can result in cruel and unusual punishment. From this decision, it became incumbent on custody facilities to provide basic treatment. In California, this treatment is required to include screening, crisis intervention and stabilization, treatment, and medication services.<sup>12</sup> During incarceration each inmate is observed by trained officers on a regular basis. This allows detailed feedback to the treating doctor as to the effects of the treatment. The mentally ill inmate is stabilized in a highly structured environment with clean clothing, proper nutrition and recreation. In this environment the inmate is observed for their social interactions. These services when shared collaboratively can enhance the efforts of other agencies.

### Benefits of Collaborations That Improve the Return of the Mentally Ill to Society

Collaborations such as Mental Health Courts and Multi Disciplinary Teams pool the collective talents of different agencies to provide the funnel to enhance results. James Surowiecki, in his book *The Wisdom of*

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<sup>10</sup> (Staff)

<sup>11</sup> 429 U.S. 97 (1976)

<sup>12</sup> CRC Title 15

*Crowds* wrote that the diversity of a group adds perspectives that would otherwise be absent. Entrusting the group with major decisions rather than with a few individuals leads to a higher quality of results.<sup>13</sup> By combining resources a synergy is created. Synergy, from the Greek *synergia* (meaning joint work and cooperative action)<sup>14</sup> in this case can be defined as when the positive outcome may exceed the sum of the individual services.

Sharing information on clients of their ability to maintain structure in their daily life, keep mental health appointments, and the use or non-use of medication can give an early warning of potential incarceration. Communication amongst agencies may be the strongest benefit in the use of collaborations. The Mental Health Department may realize that a client has not kept an appointment for treatment while the Police Department is having regular contact with the same client. The Probation Department can then enforce any court-imposed requirement that the client continue treatment.

By combining resources the agencies work together to deliver the needed service to the client preventing a return to custody and another expensive round of incarceration and prosecution. In effect the shared supervision of the client provides the needed structure to successfully manage their daily lives. Agencies avoid duplicating their efforts and are able to focus on their individual specialty. The budget savings across the various agencies in not having clients re-offend can reduce the drain on available resources and ultimately on the individual budgets. Through the collaboration process agencies can avoid duplication of services and use one agency's services to enhance the services of another.

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<sup>13</sup> (James Surowiecki, 2004, p. 29-31)

<sup>14</sup> (<http://ergonomics.about.com>, February 22, 2011)

## Issues to Start the Change Process

The change to a collaborative approach can encounter obstacles. With each stakeholder having individual methods and culture, the progress on the issue of incarceration of the mentally can easily be stymied.<sup>15</sup> Each stakeholder may fear an increase in workload and the elected officials may fear being viewed as soft on crime. The Sheriff, often having the largest budget in the county, is sometimes viewed as the big elephant in the room with some resentment being expressed that the other departments would be forced to give up more resources to the benefit of the Sheriff.<sup>16</sup> These issues can be overcome, but only through the process of trust-building and the use of organizations concerned with the welfare of the mentally ill.

Gaining the support of advocacy groups, such as the National Alliance for the Mentally Ill, is critical to garner support for those agencies headed by an elected official. These groups can also provide subject expertise, and local issue knowledge. Agencies can be risk adverse and not wish to open themselves to perceived failures. This can hinder the start of a collaborative effort. In the long run the power of collaboration will triumph. Selling the benefit of collaboration to each agency is a time consuming and delicate task. Open communications, personal contacts, and recognition of shared clients can open doors to collaborative success. When developing cross agency collaboration it may be necessary for each stakeholder to learn the culture, needs, and communication methods of their allied agencies.

Of course, Jails are not the most appropriate setting for treatment of the mentally ill. Ideally, sufficient resources outside of jail would be available to meet the demands of those who need mental health services. In today's economic climate, though, that future is not likely to emerge anytime soon. Collaborative efforts should be undertaken to prevent their entry into the criminal justice system. Failing this, efforts between agencies can

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<sup>15</sup> Jamison, David PHD, Folsom Ca 2010

<sup>16</sup> Hazzard, Sally, Sacramento Ca. 2003

be used to provide a successful return to the community by the mentally ill offender. To develop collaborations for the mentally ill, stakeholders may have to relinquish old thought patterns, egos, and competition. While this may be uncomfortable for some, the benefits of effectively serving the mentally ill citizens of our community far outweigh our established ways of doing business. As state and county budgets dwindle, the use of collaborations helping to prevent the incarceration of the mentally ill will result not only in budget savings but in families of the mentally ill not having to dial 911, and no longer stammer fearfully that they need help.

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California Web site: [namicalifornia.org](http://namicalifornia.org)